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**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

COMMITTEE TO REELECT TOM FOLEY

ADDRESS (number and street)

1253 C STREET SE

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20003-2202

2. FEC IDENTIFICATION NUMBER ▼

C00002592

3. IS THIS
REPORT

☒

NEW
(N)

OR

☐ AMENDED
(A)

ZIP CODE ▲

STATE ▼ DISTRICT

WA 05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☒

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

MM/DD/YYYY

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

MM/DD/YYYY

in the
State of

5. Covering Period

04/01/2011

through

06/30/2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

HEATHER S. FOLEY

Signature of Treasurer

Heather S. Foley

Date

07/13/2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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FEC FORM 3
(Revised 02/2003)